

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

Middle

District of

Tennessee

WERNER AERO SERVICES, On Behalf Of Itself  
And All Others Similarly Situated

SUMMONS IN A CIVIL ACTION

V.

CHAMPION LABORATORIES, INC. et al.

CASE NUMBER:

3 08 0474

TO: (Name and address of Defendant)

The Donaldson Company  
C/o CT Corporation System, Registered Agent  
800 South Gay Street, Suite 2021  
Knoxville, TN 37929

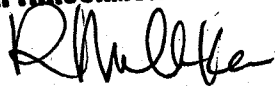
YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Kevin H. Sharp  
Drescher & Sharp, PC  
1720 West End Avenue, Suite 300  
Nashville, TN 37203

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

CLERK

KEITH THROCKMORTON



(By) DEPUTY CLERK

DATE

MAY - 9 2008

RETURN COPY

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RETURN OF SERVICE	
Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE <b>5-20-08</b>
NAME OF SERVER (PRINT) <b>Christy L. Hudson</b>	TITLE <b>Paralegal</b>
<i>Check one box below to indicate appropriate method of service</i>	
<input type="checkbox"/> Served personally upon the defendant. Place where served:	
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:	
<input type="checkbox"/> Returned unexecuted:	
<input checked="" type="checkbox"/> Other (specify): <b>Certified Mail</b> <b>Return Receipt Requested</b>	

STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL <b>\$0.00</b>

DECLARATION OF SERVER	
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.	
Executed on <b>5-23-08</b> <small>Date</small>	<b>Christy L. Hudson</b> <small>Signature of Server</small> <b>1720 W. End Ave., Ste. 300</b> <b>Nashville, TN 37203</b> <small>Address of Server</small>

Return Receipt Requested	
<b>SENDER: COMPLETE THIS SECTION</b> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature <b>X</b> <b>Ericka Furr</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <b>MAY 20 2008</b> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
1. Article Addressed to: <b>The Donaldson Co.</b> <b>C/O CT Corp. System</b> <b>800 S. Gay St., Ste. 2021</b> <b>Knoxville, TN 37929</b>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number <small>(Transfer from service label)</small> <b>7006 2150 0004 9193 9903</b>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes